

Bureau of Health Professions

APR 11 2003

TO: National Health Service Corps (NHSC) Scholarship Program Recipients
(MD, DO and DDS) Eligible for Deferment of NHSC Service Obligations for
Postgraduate Training in 2003-04

FROM: Director
Division of National Health Service Corps

SUBJECT: Requesting Deferment of Service for the 2003-04 Postgraduate Training Year

The Public Health Service Act authorizes, under Section 338C, that physicians and dentists may request deferment to complete specialized training prior to the beginning of their service obligations.

Please review the attached **Deferment Information Bulletin** for Training Year 2003-04. The **Deferment Information Bulletin** describes the guidelines, conditions, and terms of deferment. The information in this **Bulletin** addresses issues for Year 2003 graduates of medical and dental schools, as well as physicians and dentists who are continuing residency training during the period July 1, 2003, through June 30, 2004. After reading the **Bulletin**, fill out the enclosed preprinted **Deferment Request Form (DRF)**, correct it where necessary and **sign and return the original**. **All DRFs must be postmarked by Friday, May 9, 2003**, and sent to the Division of National Health Service Corps, Bureau of Health Professions, 5600 Fishers Lane, Room 8A-55, Rockville, Maryland 20857. A self-addressed return envelope is enclosed for your convenience. Upon approval of your deferment, a copy of the DRF will be returned for your records.

Should you require assistance with the DRF or need explanations of the enclosed materials, please call the In-School/In-Training Branch at 301-594-4410 or 1-800-793-1547, 8:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday.

Donald L. Weaver, M.D.

Donald L. Weaver, M.D.
Assistant Surgeon General

Attachments:
Deferment Request Materials

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration
Bureau of Health Professions

DEFERMENT INFORMATION BULLETIN

**DEFERRING THE SERVICE OBLIGATIONS
OF NATIONAL HEALTH SERVICE CORPS
SCHOLARSHIP PROGRAM PARTICIPANTS
FOR APPROVED POSTGRADUATE TRAINING**

For Year 2003 Graduates
of Schools of
Allopathic and Osteopathic Medicine
and Dentistry

and

For NHSC Scholars Continuing Approved Deferments
for the 2003-04 Training Year

Division of National Health Service Corps
5600 Fishers Lane
Room 8A-55
Rockville, Maryland 20857
Telephone: 301-594-4410 or 1-800-793-1547
Fax: 301-594-4985

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PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0179. Public reporting burden for the applicant for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857.

This **Bulletin** is for National Health Service Corps (NHSC) Scholarship Program participants: (1) who are graduating in 2003 from schools of allopathic medicine (M.D.), osteopathic medicine (D.O.) and schools of dentistry (D.D.S. and D.M.D.) and (2) physicians and dentists who are continuing in approved postgraduate training programs and must confirm their training status for the 2003-2004 training year for deferments of service.

The **Bulletin** is based on the current Federal statutes, regulations, and administrative guidelines in effect for the NHSC Scholarship Program. It describes the terms and conditions for a deferment of your NHSC Scholarship Program service obligation to pursue approved postgraduate training (residency). In the event that any of this information changes, participants will be notified.

I. PROGRAM AUTHORITIES FOR DEFERMENTS

A. **Federal Statute:**

Section 338C of the Public Health Service Act
(Title 42 United States Code, Section 254m)

B. **Federal Regulation:**

Title 42 Code of Federal Regulations, Part 62, Subpart A,
"National Health Service Corps Scholarship Program"

II. PROGRAM ADMINISTRATION

Deferments of the service obligation under the NHSC Scholarship Program are administered by the Division of National Health Service Corps (DNHSC), 5600 Fishers Lane, Room 8A-55, Rockville, Maryland 20857, Telephone number 301-594-4410 or 1-800-793-1547 during office hours, 8:00 a.m. to 5:00 p.m., Eastern Time, Monday through Friday. The 24-hour Telefax number is 301-594-4985.

III. DEFINITIONS

- A. **"Deferment"** - a delay in an NHSC Scholarship Program service obligation granted upon a scholar's request by the Director, DNHSC, for a specified period of time to enter and complete approved postgraduate training, in accordance with the program's Federal statute and regulations, and the administrative guidelines set forth in this Bulletin. Requests for deferment are reviewed annually, and are granted in 1-year increments.
- B. **"DRF"** - an abbreviated term for the deferment request form.
- C. **"Period of Time to Complete a Residency"** - means the minimum period of approved postgraduate clinical training required for a physician and dentist to sit for a specialty board's certifying examination(s).

- D. **"Postgraduate Training"** - means the postgraduate clinical training accredited by the Accreditation Council for Graduate Medical Education (M.D. programs), approved by the Board of Trustees of the American Osteopathic Association (D.O. programs), or approved by the Commission on Dental Accreditation of the American Dental Association (D.D.S. and D.M.D programs).
- E. **"Approved Postgraduate Training"** - means postgraduate training in a primary care program which has been approved by DNHSC, consistent with the needs of the NHSC. See Sections VI. and VII. below.
- F. **"Suspension of the Service Obligation"** - The Director, Office of Policy and Planning (OPP) may grant a delay in the service obligation, in intervals of up to 1 year, for reasons other than for approved postgraduate training. Requests for suspensions must be submitted in writing to the OPP with the required documentation. For more information, see Section IX. of this Bulletin.

IV. DEFERMENT REQUEST PROCESS

To receive a deferment of the service obligation, a physician or dental scholar **must annually request permission in writing** on a DRF to pursue approved postgraduate training, and the **DNHSC must annually approve** the physician's or dentist's request.

In March of the next to the last year of medical or dental school, DNHSC staff mails a preliminary information packet, including two sample DRFs, to all physician and dental scholars. The packet is designed 1) to notify physician and dental scholars of the current programs of approved postgraduate training for purposes of their participation in the National Health Service Corps Scholarship Program and 2) to familiarize physician and dental scholars with the requirements for requesting and receiving approval of a deferment prior to the beginning of **each** training year.

NOTE: We encourage you to refer to the NHSC website for updated information. The website address is: <http://nhsc.bhpr.hrsa.gov/resource/scholars/policies.html>.

In March of the final year of medical or dental school (and in March of each subsequent training year), DNHSC staff will mail a packet to each physician and dental scholar. Each packet will contain a current year Deferment Information Bulletin and a DRF. To obtain a deferment to pursue approved postgraduate training, physicians and dentists **must promptly complete a DRF and return it to the DNHSC by the deadline set forth in this Bulletin.** The timely submission of a completed DRF is necessary to give the DNHSC sufficient time to evaluate the request and notify the physician or dentist of its approval or disapproval of the deferment request prior to the beginning of the new training year in July. **Should you fail to obtain a position in the postgraduate training we have approved, you must notify the DNHSC at once in writing.**

DNHSC staff will mail the deferment packets to the last known address of record listed in your personal scholarship file in March of each year. **It is your responsibility to immediately notify us in writing of any change in address.** If you have moved and failed to notify the DNHSC of your new address, the packet is returned to us as undeliverable. Failure to provide a completed DRF **yearly** can result in you being **considered in default** of your scholarship obligation.

Please note that in certain circumstances (e.g., requesting to change residency programs or to pursue a chief residency position), the DNHSC also requires advanced written notice of the requested change and/or additional information in order for staff to make a timely decision concerning the deferment request. Please consult Section VI. of this Bulletin for a description of the required letter and/or information. If further clarification is needed, contact the DNHSC at 301-594-4410 or 1-800-793-1547 prior to completion of the form.

V. **GENERAL RULES FOR DEFERMENTS**

The statute, 42 U.S.C. 254m (b)(5), provides that, if you are a physician or dentist, you may be granted a deferment at your request to complete postgraduate training **only** if the training is in a specialty specified as needed by the NHSC.

A. **Physicians**

If you are physician (M.D. or D.O.), and will receive or have received your medical degree after September 30, 2000, you must complete a residency training program in one of the primary care specialties listed in Section VI.A.2. **The NHSC will not pay for support (e.g., stipend, training expenses) while you are in postgraduate training.**

If a physician fails to enter approved postgraduate training, decides to enter unapproved postgraduate training, or fails to complete approved postgraduate training, he or she will be placed in default and be liable to pay damages equal to three times the amount of the scholarship plus interest.

B. **Dentists**

If you are graduating in 2003 as a dentist, you have an option to request a deferment to complete postgraduate training in one of the primary care dental specialties set forth below in Section VII.A.2. If you decide not to proceed with postgraduate training, you will begin service as a general practice dentist upon your graduation from dental school. **The NHSC will not pay for support (e.g., stipend, training expenses) while you are in a dental residency program.**

C. Postgraduate Training Incurring Service Obligations

Deferments will **not be approved** by the DNHSC for postgraduate training conducted by any entity that imposes a service obligation, such as a branch of the Armed Forces of the United States.

D. The Terms and Conditions of Deferment:

1. Pursue only the training we have officially approved for your deferment.
2. Prior to each year of training, submit documentation to us of your training status in the approved program. (Submission of an annual Deferment Request Form meets this requirement.)
3. **Make no changes in your period or type of training without prior written approval from the DNHSC.**
4. Notify the DNHSC, in writing, **within 30 days of** any change of status, e.g., change of address, intent to terminate training, intent to transfer to another residency program, or similar change.

E. Failure to Meet the Terms and Conditions of Deferment

1. Physicians

If you fail to comply with the terms and conditions of your deferment, you will be placed in default and be liable for liquidated damages equal to three times the amount of your scholarship award plus interest.

2. Dentists

If you fail to comply with the terms and conditions of your deferment, you will be placed as a general practice dentist. If you fail to accept your assignment, you will be placed in default and be liable for payment of the liquidated damages equal to three times the amount of your scholarship plus interest.

VI. DEFERMENTS FOR PHYSICIANS

A. Deferments

1. The Director, DNHSC, will grant deferments (in 1-year increments) for physicians, upon written request, for postgraduate (residency) training in specialty programs which are needed by the NHSC.

2. The Only Specialties Approved by the DNHSC for Deferment are:

- | | | |
|----|---------------------------|---------|
| a. | Family Practice | 3 Years |
| b. | General Internal Medicine | 3 Years |
| c. | General Pediatrics | 3 Years |
| d. | Obstetrics-Gynecology | 4 Years |
| e. | General Psychiatry | 4 Years |

B. One-Year Osteopathic Internship Deferments

One-year osteopathic internships are approvable for deferments if the State Osteopathic Board requires a traditional rotating internship prior to entering a standard residency program. If you are in this situation, please provide a letter from your training program stating that the internship is required prior to entering residency training. Upon completion of the one-year internship, osteopathic physicians are required to enter and complete a residency program in one of the approvable specialties listed above.

C. Dual Residency Programs

The NHSC's goal is to get well trained providers out to underserved communities as soon as possible. Therefore, dual residency training programs will not be approved for the 2003-04 training year except as follows. Physicians who received a deferment to pursue a dual residency program prior to the 2003-04 training year will continue to be eligible to receive deferments to complete that residency. However, a physician seeking to begin or switch to a dual residency program for the 2003-04 training year will not be granted a deferment for that dual program.

D. Switching Residency Programs

If you are granted a deferment for 2003-04 and then during that year desire to switch to another postgraduate training program in the same or a different approvable specialty for the 2004-05 training year (See Section VI.A.2.), you must submit with your upcoming DRF, a letter from your new program director indicating your anticipated beginning and completion dates in the new residency program. The letter should also state how much credit will be given for prior residency training.

NOTE: The NHSC will not grant any additional time beyond the total number of years initially anticipated for your original program to complete residency training in a different program or specialty. You should not sign a contract with the new residency program before the NHSC approves the switch.

E. Osteopathic Physicians Switching to a Multi-Year Allopathic Residency (“Crossover”)

If you are an osteopathic physician in your first year of approved postgraduate training, and are granted a deferment for 2003-2004, and then during that year desire a “crossover” residency in an allopathic program approved for osteopaths for the 2004-2005 training year, you must submit with your upcoming DRF, a letter from your new program director indicating the anticipated beginning and completion dates in the new residency program. The letter should also include how much credit you will be given for prior residency training, thus, enabling you to be admitted at the PGY-2 level. If the credit is denied (documentation is required), a deferment will be granted for up to 1 additional year to complete the allopathic residency program.

**F. Deferring for Chief Residency Positions (2004-05 Training Year)
Request to DNHSC by February 27, 2004**

1. Should you be offered a 1-year Chief Residency position by your training program, the Director, DNHSC, may grant the added deferment year if : (1) a written request for the additional year of deferment is received by the DNHSC on or before February 27, 2004; (2) the request includes a copy of your program director’s letter of invitation stating your anticipated start and completion dates, a description of the chief residency position and your responsibilities, and a brief description from you of how you plan to use the additional training in your NHSC career; and (3) the DNHSC agrees to release you from the placement process in which you are participating.
2. **The DNHSC's decision to release you from the NHSC's placement process will be based largely on the demand for your specialty that year.**
3. **Please do not sign your Chief Residency contract before you have requested and received from the Director, DNHSC, written approval of your additional year's deferment.**
4. Any request received after the February 27, 2004, deadline will not be approved.

G. Previously Approved Combined/Integrated Programs and Fellowships

Combined/integrated programs and fellowships are not approved for 2003-04, except as follows. Physicians who received a deferment prior to the 2003-04 training year to pursue a combined/integrated residency program or a fellowship will continue to be eligible to complete that combined/integrated program or

fellowship. However, a physician seeking to begin or switch to a combined/integrated program or pursue a fellowship for the 2003-04 training year will not be granted a deferment for the combined program or fellowship.

H. Ending Training to Begin Service

1. **If you received your medical degree after September 30, 2002, you must complete a residency training program in one of the approvable primary care specialties listed in Section VI.A.2.** If you do not complete your approved residency training, you will be in default of your scholarship obligation and be liable to pay damages equal to three times the amount of your scholarship plus interest.
2. If you received your medical degree on or before September 30, 2000, and you decide at any time during your deferment that you want to discontinue your residency and begin your service obligation, please contact the DNHSC at once for advice and instructions. If you have sufficient approved postgraduate training to qualify for placement as a General Medical Officer (GMO) as described in Sections VI.B. and H. of the 2002-03 Deferment Information Bulletin, you will be placed as GMO. If you do not qualify for placement as a GMO, you will be placed in default of your scholarship obligation and be liable to pay damages equal to three times the amount of your scholarship plus interest.

NOTE: The NHSC requires all clinicians to pass all three parts of the medical licensing examination (USMLE or NBOME) prior to completing their last year of training. Passing these examinations is required to obtain a medical license, and a medical license must be obtained so that clinicians can start fulfilling their service obligation immediately upon completion of their approved postgraduate training. Please notify the DNHSC when you have successfully completed all three parts of the medical licensing examinations.

VII. DEFERMENTS FOR DENTISTS

A. Deferments

1. The Director, DNHSC, will grant deferments (in 1-year increments) for dentists, upon written request, for postgraduate (residency) training in specialty programs which are needed by the NHSC.
2. The Only Dental Specialties Approved for Deferment are:
 - a. General Practice Dentistry 1 Year

- b. General Pediatrics Dentistry 2 Years
- 3. Requests for longer periods of dental postgraduate training **may** be approved by the Director, DNHSC, on a case-by-case basis, consistent with the needs of the NHSC.

B. Notice Deadlines: March 1 of Senior Year

Notice of your intent to request a deferment should be received by the DNHSC no later than **March 1 of your last year of dental school**. Any request received after the **March 1** deadline will not be approved. In addition, you should submit a DRF in the Spring by the stated deadline, giving complete information about the proposed program. If you do not request a deferment, you will become available to begin your service obligation, as a general practice dentist, upon your graduation from dental school.

NOTE: If you request postgraduate training in any field other than general practice and pediatric dentistry, **you should be aware** that you may be matched to a position as a general practice dentist with little or no opportunity to utilize that additional specialized training. The needs of the community to be served and the site's arrangements for the delivery of dental services will determine the scope of practice expected.

VIII. LICENSURE EXAMINATION

A. Physicians

Please be advised that it is your responsibility to select a residency program that will adequately prepare you to sit for the USMLE or NBOME and obtain the appropriate license to practice in the United States. You must have a license prior to being placed at a site, and you must commence your service obligation upon completion of your residency program. Therefore, you must obtain licensure during residency.

B. Dentists

A regional dental examination must be taken prior to completion of all dental residency programs. Passing a regional examination is required to obtain a dental license before you begin your service commitment.

IX. SUSPENSIONS OF THE SERVICE OBLIGATION

A. **Medical and Personal Suspensions**

Suspensions may be granted in intervals of up to 1 year. The Director, Office of Policy and Planning, determines if compliance with the scholarship obligation is temporarily impossible based on information from you and independent documentation from health professionals treating you that you suffer from a physical or mental disability resulting in your temporary inability to comply with your scholarship obligation. A suspension may also be granted if you can document any problems of a personal nature such as physical or mental disability, or terminal illness in your immediate family, which so intrude on your ability to perform as to raise a presumption that you would be temporarily unable to perform the service obligation you have incurred. Other required documentation needed to support your request for a suspension would include your present and future financial resources and obligations. Requests for suspensions must be submitted in writing to the Legal and Compliance Branch, Office of Policy and Planning, 5600 Fishers Lane, Room 9-05, Rockville, Maryland 20857, Telephone 301-594-4390. Suspensions are only for documented extreme hardships and are not approved for a spouse in training, children in school, etc.

B. **Failure to Pass Licensure Examination**

The Director, Office of Policy and Planning, may grant suspensions of the service obligation for recipients who fail to pass the licensure examination. Recipients must provide documentation to the Legal and Compliance Branch, Office of Policy and Planning, 5600 Fishers Lane, Room 9-05, Rockville, Maryland 20857, Telephone 301-594-4390, showing that they have taken the appropriate examination, each time the licensure examination is given, and the results of the examinations.

Note: You are expected to take the next scheduled examination.

X. **SUMMARY OF DEFERMENT DEADLINE DATES (PLEASE MARK YOUR CALENDARS)**

- | | | |
|----|-------------------|---|
| A. | May 9, 2003 | Return of Deferment Request Form. |
| B. | March 1 of Last | Notice of Intent to Request Deferment for Year of Dental School Postgraduate Dental Training. |
| C. | February 27, 2004 | Request for Chief Residency Starting in 2004. |

INSTRUCTIONS

For Completing the Deferment Request Form
for the period July 1, 2003, through June 30, 2004

- A. **Additions or Corrections:** (1) If you are presently in deferment, part of the Deferment Request Form (DRF) will be preprinted. **If this information is incorrect, please make corrections using a blue or black ink ball-point pen.** (2) If you are requesting a deferment for the first time, you should fill in all the blanks.
- B. **Signature/Authority to Complete:** It is unlawful for anyone other than the scholarship recipient to complete and sign the DRF without first obtaining a Power-of-Attorney (POA). If anyone other than the scholar completes the form, a copy of the POA must accompany the DRF.
- C. **Social Security Number:** Please check to be sure it is correct.
- D. **Name, Address, Home Telephone Number and Email Address:** The preprinted information reflects the current data in your Scholarship Program records. If the data is incorrect, draw a single line through the incorrect data and enter the correct information. If your name has changed, enclose legal documentation certifying your name change. **The address should be the address where you receive your mail.** We will use this address to contact you. Enter your home telephone number and email address that you can be reached at if there are any questions.
- E. **Postgraduate Residency Program:** (Please refer to the **Deferment Information Bulletin** for the primary care postgraduate training for which we may grant deferments.) If blank, enter the correct name of your specialty. For example, if your residency is an osteopathic program in internal medicine, the display will read: "INTERNAL MEDICINE (D.O.)."

For allopathic residency programs, please include the 10-digit program ID # that is listed in the American Medical Association Graduate Medical Education Yearbook and Directory. For osteopathic programs, please include the 6-digit program ID # that is listed by the American Osteopathic Association.

- F. **Length of Program:** Enter or verify the number of years required for the postgraduate training you are entering or for which you have already been deferred.

Osteopathic physicians who plan to enter an osteopathic internal medicine residency should include the state-required postgraduate year of osteopathic internship in counting years. For example, if you enter a 3-year osteopathic internal medicine residency after your osteopathic internship, you would enter a total of "4 years" in this space.

Should you fail to obtain a position in the postgraduate training we have approved, you must notify the DNHSC at once.

Physicians who fail to enter an approved primary care postgraduate training program or decide to enter an unapproved residency will be in breach of their contractual agreement.

- G. **Date Available for Service:** Show the first day of the month after your training ends; for example, if the last day of your training program is June 25, 2004, enter "07/01/04" in this space. Requests for extensions beyond the normal period required to complete your residency in an approved specialty must be accompanied by an explanation from you and confirming documentation from your training director, giving the new date you expect to complete your residency.
- H. **Residency Program Director's Name and Telephone Number:** Enter name of the residency program director and his/her telephone number.
- I. **Clinic Address of Residency Program:** Enter the clinic address of residency program. If preprinted information is not correct, please cross through and update.
- J. **Work Telephone Number:** Enter the clinical telephone number where you can be reached during the day, include your extension or beeper number.
- K. **Contact Person:** Provide the name of a person, and an address and telephone number, other than at your own address or clinical address, through whom we can contact you.
- L. **Recipient's Signature:** Your signature certifies, under Federal penalties, that the information provided in the DRF is accurate and complete to the best of your knowledge and belief. Please check the DRF again before you sign, date, and return it to us.
- M. **DRF Samples:** Attached are samples of completed DRFs requesting first year and continued deferment for postgraduate training.

DEADLINE:

A. Physicians

Your DRF must be postmarked by FRIDAY, MAY 9, 2003. If you do not submit your DRF by the deadline you will be subject to liquidated damages prescribed by Federal law.

B. Dentists

Dentists are not required to participate in postgraduate training. However, if you decide to pursue postgraduate training, your DRF must be postmarked by FRIDAY, MAY 9, 2003. If you decide not to request postgraduate training, you will begin service as a general practice dentist upon your graduation from dental school. If you fail to accept your assignment, you will be placed in default and be liable for payment of the liquidated damages prescribed by Federal law.

PRIVACY ACT NOTIFICATION STATEMENT

This information is provided pursuant to the Privacy Act of 1974 (Public Law 94-579) of December 31, 1974, as amended, for individuals supplying information for inclusion in a system of records.

If you have questions about completing the DRF, please call the Division of National Health Service Corps at 301-594-4410 or 1-800-793-1547 during office hours, 8:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday.